

## PURCHASING AUTHORITY PURCHASE ORDER

STD. 65 (REV. 7/2003)

**COMPLETED**

CONTRACT REGISTRATION NUMBER	AGENCY ORDER NUMBER	AMENDMENT NO
SUPPLIER: The numbers identified above MUST be shown on Invoice & Packing Slip.	PRF14-1779	05/11/2015

S  P  T  O	B I DLE/BFS/CA Cyber Crime Center (C4) L 4949 Broadway, Room F-104 L Sacramento, CA95820 Attn: Veronica (Roni) Riley T O	AGENCY BILLING CODE 43735 PURCHASING AUTHORITY NUMBER 9G-0116-DOJ-HQ1 LEVERAGED PROCUREMENT AGREEMENT NO.
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TO SUPPLIER ADDRESS (Type or Print Legibly)	Silicon Forensics 1242 E. Lexington Ave. Pomona, CA 91766	INFORMATION TECHNOLOGY PROJECT IDENTIFICATION NUMBER
		AGENCY OR BUYER INFORMATION AGENCY TRACKING/REQUISITION NUMBER (Optional)
		14-735-0081
		AGENCY NAME CONTACT NAME DOJ Veronica (Roni) Riley
		CONTACT EMAIL ADDRESS Veronica.Riley@doj.ca.gov
		CONTACT PHONE NUMBER CONTACT FAX NUMBER (916) 227-0420

SUPPLIER CONTACT NAME	SUPPLIER PHONE NUMBER	SUPPLIER FAX NUMBER	SUPPLIER E-MAIL ADDRESS
Jack Su	(909) 632-1797		sales@siliconforensics.com

PAYMENT TERMS	CERTIFICATION NUMBER	[ ] Certified Small Business	<input checked="" type="checkbox"/> Certified Microbusiness	EXPIRATION DATE	<input type="checkbox"/> Certified DVBE	EXPIRATION DATE
Net 45	1752330			04/30/2016		

REQUIRED DELIVERY DATE	SHIPPING INSTRUCTIONS	F.O.B. Destination FRT. PPD	<input checked="" type="checkbox"/> F.O.B. Destination FRT. PPD/ADD Freight not to exceed cost stated on P.O.	<input type="checkbox"/> F.O.B. ORIGIN	CITY OF ORIGIN	STATE	ZIP CODE
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ITEM NUMBER	QUANTITY	UNIT	COMMODITY CODE or PRODUCT CODE or SERVICES ID NUMBER	RECYCLED PRODUCT	PRODUCT OR SERVICES DESCRIPTION	UNIT PRICE	EXTENSION TOTAL
1	3	ea	FHW		STE300F2 RF Shielded Test Enclosure Forensics window	1,695.00	5,085.00
					and gloves		0.00
							0.00
					See attached Shipping Instructions		0.00
					Quote#17200		0.00
							0.00
							0.00
							0.00
							0.00
							0.00
							0.00
							0.00
							0.00

A-1 <input checked="" type="checkbox"/> General Provisions are incorporated herein by reference to: <input checked="" type="checkbox"/> Form GSPD - 401Non-IT Commodities (revision date 6/8/10) OR <input type="checkbox"/> Form GSPD - 401IT (revision date .085 )	TAXABLE SUBTOTAL	5,085.00
TERMS AND CONDITIONS A-2 <input type="checkbox"/> This order is issued under a Department of General Services (DGS) Leveraged Procurement Agreement (LPA). Terms and Conditions set forth in that agreement (LPA number referenced in the block titled Leveraged Procurement Agreement No.) are incorporated herein by reference as if set forth in full text.	TAX RATE 8.500%	SALES TAX 432.23

B <input type="checkbox"/> Agency Special Provisions are attached and titled _____	* INSTALLATION
C <input checked="" type="checkbox"/> Any other attachments, such as specifications, Statement of Work, or Information Technology Model Language Modules, are identified in the product or services description area or on continuation pages.	* SHIPPING/FREIGHT 150.00
PROCUREMENT METHOD <input checked="" type="checkbox"/> COMPETITIVE: Solicitation Number (if applicable) _____	* OTHER NON-TAXABLE

PROGRAM / CATEGORY (Code and Title)	FUND TITLE	VERIFIED NO STATE SURPLUS AVAILABLE	PAID BY CAL-CARD	GRAND TOTAL
99	General	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	5,667.23

ITEM	CHAPTER	STATUTE	FISCAL YEAR	OBJECT OF EXPENDITURE (CODE AND TITLE)	O.E.
0820-001-0001	25	2014	14/15	735/2265	<input type="checkbox"/> EO.

CERTIFICATION AND APPROVAL OF EXECUTIVE OFFICER	UNENCUMBERED REMAINDER AFTER POSTING THIS ORDER TO ALLOTMENT EXPENDITURE LEDGER
I HEREBY CERTIFY, on personal knowledge, that this order for purchasing the items specified above is issued in accordance with the procedure prescribed by law concerning the purchase of such items for the State of California; and that all such legal requirements have been fully complied with.	ADJUSTMENT INCREASING ENCUMBRANCES
AUTHORIZING NAME (Print or Type)	ADJUSTMENT DECREASING ENCUMBRANCES

Linda Fenner	SIGNATURE	CERTIFIED CORRECT (SIGNATURE)
DISTRIBUTION:	Copy 1 - Supplier; Copy 2 - DGS Procurement;	Copy 3 - Packing Slip; Copies 4-6 - Agency Procurement File

## Quote

Silicon Forensics

1242 E LEXINGTON AVE

POMONA, CA 91766

4/14/2015	17200	Quote #	Date
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Ship To  
DLB/CA Cyber Crime Center (C4)  
4949 Broadway, Room F-104  
Sacramento, CA 95820

Name / Address  
DLE/GA Cyber Crime Center ( C4 )  
4949 Brodaway, Room J-242  
Sacramento, CA 95820  
At: Chris Chambers